STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if name Example: If typying, type full) is changed) over the lines	12FE4M5
Gun Owners o	f America, Inc. Political Victory Fund	
ADDRESS (number and	8001 Forbes Place, Suite 102	
(Check if address is changed)	Springfield	VA 22151 _ 2205
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA (Check if address is changed)	L ADDRESS (Please provide only one e-mail address) walterolson@mindspring.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	None	
2. DATE 0.3		
3. FEC IDENTIFICA	TION NUMBER C C00278101	
4. IS THIS STATEM	NEW (N) OR X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct a	and complete
Signature of Treasurer	Electronically Filed by Walter J. Olson	Date 03 / 27 / YYYYY
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signing this Sta	•
Office Use Only	For further information Federal Election Commi Toll Free 800-424-9530	